

FEB 24 1937

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space. 1

1. PLACE OF DEATH

County *Schuyler*Registration District No. *802*Township *3 North 1 West*Primary Registration District No. *6047*City *St. Louis*(No. *2*)St. *St. Louis*

Ward

File No. *4549*

Registered No.

2. FULL NAME *William Cook*

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*4. COLOR OR RACE *White*5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF *Ann Lighton Cook*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 22 1873*

7. AGE

YEARS *93*MONTHS *—*DAYS *10*

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME *Charles Cook*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *England*15. MAIDEN NAME *Ann Lighton*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*17. INFORMANT (ADDRESS) *Bertha J. Joffe*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Laurel Ground* DATE *Jan 2 1937*19. UNDERTAKER (ADDRESS) *Lloyd Moore*20. FILED *Jan 2 1937*Registrar. *J. J. Smith*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 1*, 19*37*22. I HEREBY CERTIFY that I attended deceased from *January 1, 1937* to *January 1, 1937*last saw him alive on *January 1, 1937* Death is saidto have occurred on the date stated above, *2:30 p.m.*

The principal cause of death and related causes of importance were as follows:

*Inferiority of**old age.*

Date of onset

Other contributory causes of importance:

*Septic Gangrene of foot*Name of operation *Amputation*Date of *Jan 1, 1937*Why test confirmed diagnosis? *Yes*Was there an autopsy? *Yes*

23. If death was due to external cause (violence), fill in also the following:

Accident, suicide, or homicide? *Accident* Date of injury *Jan 1, 1937*Where did injury occur? *Boat* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *Boat*Nature of injury *Boat*24. Was disease or injury in any way related to occupation of deceased? *Yes*If so, specify *Boat*(Signed) *F. V. H. H. H. H. H.*(Address) *Dorning, Mo.*

